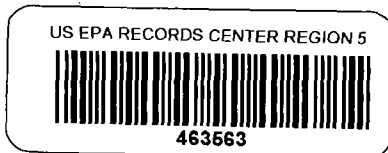


4/27/01 RESEND

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Received by (Please Print Clearly) <i>Barbara Alexander</i> B. Date of Delivery <i>4-30-01</i></p> <p>C. Signature <i>Barbara Alexander</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: CWM Chemical Services FKA Chem-Trol Poll. Control Services 1550 Balmer Road Model City NY 14107 <i>Re: CRS</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label) <i>7000 1530 0000 6694 7686</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt 102595-99-M-1789	



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL CHICAGO ILL

Postage	\$ 1.39
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.79

Sen CWM Chemical Services
Str FKA Chem-Trol Poll. Control Services
City 1550 Balmer Road
Model City NY 14107
Re: CRS

PSF *Instructions*

7686 7694 6694 0000 650 0002